



City of Duluth
Fire Department
Life Safety Division
615 W 1st Street
Duluth MN 55802

Fax: 218/723-4977

218/730-4380

OFFICE USE ONLY:

File No.: _____

Amount: \$25 Date: _____

Rec'd by: _____

Rental License Transfer Application

All Fields Must Be Completed

Address of property: _____

Single Family _____ Duplex _____ Other (specify # of units) _____
(\$25 transfer fee - check payable to City of Duluth)

Owner(s)

Name _____

Mailing Address _____

Phone _____
(Home) (Work) (Cell) (e-mail - optional)

***Local Manager/Representative** _____

Mailing Address _____

Phone _____
(Home) (Work) (Cell) (e-mail - optional)

***Manager section must be completed if owner does not live within 25 miles of Duluth**

I hereby acknowledge that I have completed this application and state that the information contained therein is correct.

Signature _____ Manager/Owner Date: _____

NOTICE: The information provided in this application is a public record.

We are unable to transfer a rental license without a complete application and fee.

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